## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/ 590(e2(eapplicant(s) FILING DATE

## **CLAIMS**

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PTO - 1360 (REV. 11/04)

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TOTAL DEP.		<b>(=</b>		<b>4</b>		<b>4</b>
TOTAL CLAIMS			TMENT AC	The state of the s		

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